

AMOUNT \$ _____
DATE _____

STATE BOARD OF EXAMINERS OF PSYCHOLOGY
COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT, KY 40602

<http://finance.ky.gov/ourcabinet/caboff/OAS/op/psychbd/>

PLEASE TYPE or PRINT ALL INFORMATION

- APPLICATION FOR: LICENSED PSYCHOLOGICAL ASSOCIATE ()
- LICENSED PSYCHOLOGICAL PRACTITIONER ()
- LICENSED PSYCHOLOGIST ()

1. _____ 2. _____ - _____ - _____
NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER
(As You Want It To Appear On License)

3. _____
RESIDENCE: STREET CITY STATE ZIP TELEPHONE NUMBER
(OFFICE) (HOME)

4. Are You a U.S. Citizen: Yes ___ No ___ Sex: Male ___ Female ___
DATE OF BIRTH _____

5. Has your license or certification in Kentucky or any other state ever been suspended or revoked? ___ Yes ___ No
If Yes, give details _____

6. Have you ever been convicted of a felony? ___ Yes ___ No If yes, what offense? _____

7. Are you now Certified or Licensed in Kentucky? _____

8. Are you credentialed as a psychologist in any other state or province? _____ Where? _____
Title of credential _____

9. Are you applying for Reciprocity? _____. If Yes, give full particulars of current status: _____

10. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any professional training program, or from the program of any university? _____

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/certification revoked by the Board.

DATE: _____ APPLICANT'S SIGNATURE _____
(Sign your name - Do not Print or Type)

EMAIL ADDRESS: _____
(Required if applying for Licensed Psychological Associate for contact from ASPPB regarding EPPP exam)

DO NOT WRITE BELOW THIS LINE --- FOR BOARD AND OFFICE USE ONLY

BOARD REVIEW DATE _____
APPROVED _____ DENIED _____

MEMBERS _____

EDUCATION

| SCHOOL | NAME AND LOCATION | DATES ATT. | | DATE OF GRAD. | | NUMBER OF HOURS OR CREDITS | DEGREES OBTAINED |
|-------------------|-------------------|------------|----|---------------|------|----------------------------|------------------|
| | | FROM | TO | MONTH | YEAR | | |
| Under-Grad School | | | | | | | |
| | | | | | | | |
| Graduate School | | | | | | | |
| | | | | | | | |

EMPLOYMENT HISTORY

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience.

| | |
|---|---|
| <p>Employed: From: Mo. ____ Yr. ____ To: ____ Yr. ____</p> <p>Title of Position: _____</p> <p>Name of Employer: _____</p> <p>Name and Title of Supervisor: _____</p> <p>_____</p> | <p>Describe Your Duties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

| | |
|---|---|
| <p>Employed: From: Mo. ____ Yr. ____ To: ____ Yr. ____</p> <p>Title of Position: _____</p> <p>Name of Employer: _____</p> <p>Name and Title of Supervisor: _____</p> <p>_____</p> | <p>Describe Your Duties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

SUPPLEMENTARY INFORMATION REQUIRED

1. A check or money order made payable to the Kentucky State Treasurer for the appropriate application fees. (See *instructions for fee schedule*).
2. Three letters of reference from persons qualified to evaluate your professional ability in the specialty area(s) applied for, two of whom must be Ph.D. or Ed.D. (See *Guidelines for requirements regarding letters*)
3. Official (original seals and or signatures) of all transcripts for all levels of education pertinent to this application.